

USDA SEED MENTOR PROGRAM APPLICATION PACKAGE



The USDA SEED Mentor Program is designed to encourage employee career development, improve communication among our diverse workforce at different grade levels and in different mission areas. Assist USDA in achieving its goals of greater diversity at every grade level. The program is administered by the Office of Human Resources Management (OHRM) and representatives from mission areas. It is available to all USDA employees.

This package contains the following:

- Mentor Application
- Protégé Application
- Supervisor Approval Form for Protégés and Mentors

Instructions:

1. **Please Do Not complete an application if you cannot meet the time commitment.** Participation in this program requires a commitment of one full year. This time commitment will include one-on-one time with your partner for five (5) hours per month, participation in an orientation session, a mid-year session, and workshop attendance during the year.
2. Each mentor and/or protégé application must include a signed Supervisory Approval Form.
3. All applications must be received at this address:

**USDA SEED MENTOR PROGRAM
ATTENTION: MALINDA JOHNSON,
PROGRAM MANAGER
OHRM, WPEDD, ROOM 341W
JAMIE L. WHITTEN BLDG.
1400 INDEPENDENCE AVE, SW**

WASHINGTON, DC 20250
Fax: 202-720-7850

USDA SEED Mentor Program
Mentor Application

Name_____Telephone Number_____

E-Mail Address _____ Fax Number _____

Job Title_____Series/Grade_____

Mission Area/Agency _____

Years in Government: _____

Please answer the following questions using the space provided.

(1) Describe any special knowledge, skills, and experience you are willing to share (e.g. public speaking, office automation, and volunteer experiences).

(2) Summarize your occupational background.

(3) Summarize your educational background.

(4) Why would you like to participate in the program?

(5) ***Optional:*** Would you like name request a protégé?

*(To increase the possibility of a match with a protégé your choice, your protégé must also list your name on their application. **You must both apply to be matched.**)*

(6) Rank in order with “1” being the **most** and “4” being the **least** you can offer the participant.

- _____ Provide opportunity for participant’s professional development
(Through strengthening competencies)
- _____ Strong knowledge of Department/Outside non-government sources
- _____ Advice and counseling
- _____ Opportunity for networking
- _____ Other, please specify _____

(7) Rank your proficiency in the following skill categories:

A. PEOPLE SKILLS	STRONG	AREAS OF IMPROVEMENT	
Communications			
Leadership			
Conflict Management			
Interpersonal Skills			
Problem Solving			
Team Building			
Decision Making			
Human Resource Management			
Creative Thinking			
Planning and Evaluation			

B. TECHNICAL SKILLS	STRONG	AREAS OF IMPROVEMENT	
Medical/Veterinary			
Food & Bio. Science/Chemistry			
Accounting/Financial/Economic			
Law Enforcement			
Computer Technology			
Administrative			
Other (specify):			

(8) If selected, I will need the following reasonable accommodations due to my disability:

I agree to actively participate in the mentor program for one year and attend all required training.

Signature

Date

**USDA SEED Mentor Program
Protégé Application**

Name _____ Telephone Number _____

Fax Number _____ E-Mail Address _____

Job Title _____ Series/Grade _____

Mission Area/Agency _____

Years in Government _____

Please answer the following questions using the space provided.

(1) Summarize your work history.

(2) List your background, training, workshops/seminars.

a. Degree(s):

b. Training:

c. Workshops/Seminars:

(3) Why do you want to participate in the program?

(4) What are your career goals? Short-term and/or long-term?

a. Short-term:

b. Long-term:

(5) What do you plan to accomplish as a result of the mentoring relationship?

(6) ***Optional:*** Would you like to name request your mentor? Please provide name.

*(To increase the possibility of a match with a partner of your choice, your mentor must also list your name on their application. **You must both apply to be matched.**)*

- (7) Rank in order the following experience and skills you would most appreciate in a mentor with "1" being the most important and "4" being the least important.

- ___ Provide opportunity for participant's professional development
(through strengthening competencies)
___ Strong knowledge of Department/outside resources
___ Advice and counseling
___ Opportunity for networking
___ Other, please specify _____

- (8) Rank your proficiency in the following skill categories:

A. PEOPLE SKILLS	AREAS OF IMPROVEMENT	MODERATE	STRONG	
Communications				
Leadership				
Conflict Management				
Interpersonal Skills				
Problem Solving				
Team Building				
Decision Making				
Human Resource Management				
Creative Thinking				
Planning and Evaluation				

B. TECHNICAL SKILLS	AREAS OF IMPROVEMENT	MODERATE	STRONG	
Medical/Veterinary				
Food & Bio. Science/Chemistry				
Accounting/Financial/Economic				
Law Enforcement				
Computer Technology				
Administrative				
Other (specify):				

- (9) If selected, I will need the following reasonable accommodations due to my disability:

I agree to actively participate in the mentor program for one year and attend all required training.

Signature _____ Date _____

USDA SEED Mentor Program
SUPERVISOR APPROVAL FORM for the Protégé and/or Mentor

Supervisory approval is required for an applicant to be considered for the USDA SEED Mentor Program.

Supervisor's Name _____

Telephone Number _____ E-mail address _____

Applicant's Name _____

Mission Area/Agency _____

PROGRAM OBJECTIVES

- Promote diversity within the Department to assist mission areas in meeting their goals of improving employment and advancement opportunities for all employees.
- Support cultural changes that are occurring with the continued migration of different minority groups within the USDA workforce.
- Assist employees in becoming more knowledgeable and better equipped to advance within the Department.
- Improve present job skills and abilities of employees in managerial, supervisory, and non-supervisory positions.
- Improve morale of all participants by providing satisfying experiences through participation in the program.
- Support career enhancement by providing employees with resources, guidance, and networking.
- Support the orientation of new employees.
- Improve communication among our diverse workforce at different grade levels and in different mission areas.

LENGTH OF MENTOR PROGRAM

The program is designed to last on a formal basis for a period of one year. Each protégé and mentor participating in the program agrees to their mentor/ protégé relationship for one year. Mentors/ Protégé commit to meet for up to five hours per month during the work day.

SUPERVISOR APPROVAL

Signature

Date